附件

\_\_\_\_\_\_\_\_\_\_\_专题培训班参训学员名单汇总表

市州：

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| 序号 | 姓名 | 性别 | 单位 | 职务 | 住宿（单或双） | 联系电话 |
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注：请在各专题培训报名截止日期前将此表反馈至相关承办机构电子邮箱。